CALIFORNIA DEPARTMENT OF Mental Health

Suicide Prevention Plan Advisory Committee (SPPAC)
Meeting Highlights
June 14, 2007 10:00 a.m. to 5:00 p.m.
Radisson Hotel, 500 Leisure Lane, Sacramento, CA 95815

Background

The California Suicide Prevention Plan Advisory Committee (committee) convened at the request of Governor Schwarzenegger to address the directives in his veto message of SB 1356 (Lowenthal). In the message, he directs the Department of Mental Health and the Health and Human Services Agency to coordinate a multi-stakeholder group to develop a statewide strategic plan on suicide prevention by May 1, 2008. The committee is comprised of diverse members including mental health consumers and family members, affected state agency representatives, county and local service providers, and others in the field of mental health. On June 14, 2007, the committee met for the first time to gather background information and begin formulation of the *California Strategic Plan for Suicide Prevention* (Plan).

Committee Action Items

- Committee members reviewed and provided feedback on the draft Plan outline.
- In advance of the next meeting, Committee members will identify additional resources for the plan, review existing information/data in-depth, and prepare to discuss statewide suicide prevention recommendations.

Discussion Highlights

The discussion raised three major issues for consideration in the development of the Plan, including "de-stigmatizing" the subject of suicide, creating a public outreach/ media campaign to educate the public and exploring new methods of data collection regarding suicide in California. Next steps will incorporate the committee's recommendations for the Plan outline and examine what data is still needed for the formulation of the Plan.

MEETING NOTES

Item I: Welcome

Elaine Bush, Chief Deputy Director of the California Department of Mental Health, welcomed the group on behalf of the Department. Following an overview of her own background, Bush stressed the importance of the Plan as a priority for the Department. She stressed that other plans have been developed and the committee would be wise to use them as resources.

Next, she spoke about logistics specific to the Plan, including the timeline for its implementation and possible funding sources for its recommendations. Bush stated that $1.5 billion from the Mental Health Services Act (Proposition 63) is being invested in a wide range of projects,

including suicide prevention. She further stressed that any money available for prevention efforts be used as strategically as possible.

Finally, Bush reiterated the importance of the committee's work and the Plan itself and discussed the tragedy of suicide for individuals, the stigma of suicide and its long term effects on family and friends.

Item II: Introductions, review of the agenda, ground rules & materials

Deb Marois, lead facilitator from the Center for Collaborative Policy (CCP), introduced her organization and its role in the Committee proceedings. She reviewed the day's agenda, meeting materials, and ground rules. CCP facilitators Susan Sherry and Marois led the committee in an introductory exercise to identify assets within the group that can contribute to the planning process.

Item III: California suicide prevention background

Emily Nahat, Branch Chief of the California Department of Mental Health, provided an overview of the history of the committee and its role in the formulation of the Plan. As stated in the background, the committee's work developed from Governor Schwarzenegger's veto message of SB1356 (Lowenthal) in 2006. The Department chose members of the committee who belonged to one of the following groups:

- State agencies specifically mentioned in SB 1356
- Representatives of county mental health and health departments and local law enforcement
- Public and private individuals with a high degree of experience dealing with suicide along experiential, cultural and geographic lines
- Individuals performing specialized work with underserved areas or groups

Nahat stressed that due to the large number of applicants, not everyone who wished to participate could be invited to join the committee. Selected applicants showed a high degree of expertise in one or more of the above areas.

She discussed the Plan's timeline and approval process. The Mental Health Services Act Oversight and Accountability Commission (OAC) will review drafts of the completed plan and provide comments in September 2007 and January 2008. Ultimately, the plan will be submitted to the Governor no later than May 2008.

While formulating recommendations for the plan, members were instructed that their role is advisory. Though the Department will try to incorporate as many comments into the Plan as possible, no requirements will be put forth for statutory change or new funding streams. Additionally, issues related to assisted suicide and involuntary services are outside the scope of this Plan.

Nahat outlined other key elements that should guide the committee's recommendations for the Plan including creating:

- A California-specific blueprint for suicide prevention
- An engaging policy report that provides sufficient rationale for the recommendations.
- A data-driven action plan that identifies priority strategic policies, programs and approaches.
- A resource for policy makers, program managers, providers, and funders in various sectors, without mandates or fiscal pressure.
- Solutions that address barriers to implementation of effective programs and interventions.
- Recommendations that are ethnically, culturally, linguistically and age appropriate
- A strategic approach that builds on strengths and opportunities and identifies ways to connect efforts and investments to make a bigger impact and meet multiple goals.

Finally, Nahat reaffirmed that a comprehensive suicide prevention plan is a primary concern for the Department and opened the floor for discussion.

Discussion Among Committee Members

- A concern was raised that without statutory authority, the Plan's recommendations might not be carried out. Nahat responded by saying that the department will study the final plan to identify the most pressing priorities. She also mentioned that by using the Plan as a blueprint at the state and local levels, members have the opportunity to influence/lobby for suicide planning strategies at all levels.
- The question was posed as to whether local agencies will have access to draft versions of the Plan as their own suicide prevention activities begin in July and August. All finalized documents are available to the public each meeting.
- A number of members raised concern over the short timeline involved in the planning process. Specifically, if a draft of the Plan will be available as early as July, members worried that their input would not be included. Public meeting minutes will capture all relevant committee recommendations and will be available following each meeting. As the Plan takes shape, members will have the opportunity to review and comment on drafts.
- A general consensus was reached that any effort at the state level must compliment local ongoing efforts concerning suicide prevention. Additionally, the committee believes that any strategic recommendations should be gender, culturally and age appropriate for the efforts in question.
- The group acknowledged that data mining/collection on suicide and suicide prevention is very difficult due to the sensitive nature of the subject. One member noted that phone interviews/ surveys in particular tend to yield little information because call participants often refuse to answer questions about suicide.

Item IV: Organization of the Committee's work

Facilitator Marois discussed the overall charge and tasks of the committee, followed by a section-by-section review of the work plan and a discussion of the goals within.

Discussion

- A number of comments by the committee included questions about logistics, the timeline, and communication strategies.
- Participants asked whether they will be free to craft any document or if the final product will be subject to "behind the scenes political wrangling." Facilitator Sherry restated that while the committee will have a great deal of latitude when formulating the Plan, DMH will have final approval.
- One member raised the concern that working on suicide prevention efforts in schools over the summer may be difficult while classes aren't in session.
- The committee also discussed the potential difficulty of creating consistent strategies between the state and individual counties.
- One member reminded the committee not to focus entirely on funding from Proposition 63. Other opportunities to serve communities must be found to put together a working strategy. Facilitator Sherry agreed and stated that this one of the main reasons the Governor's directive brought together so many different agencies and organizations.

Item V: Presentation on suicide incidence, trends and data gaps in California

Dr. Roger Trent, Branch Chief from the California Department of Health Services, delivered a presentation on suicide trends in California including emergency room visits from self-inflicted wounds by age group, hospitalization rates due to self-inflicted wounds, methods of attempting/completing suicide and the correlation of race and suicide.

The data presented shows a marked decline in death by suicide since the early 1990's. However, Trent cautioned that all injuries fell during the 90s and that suicide trends tend to fluctuate over time for unknown reasons. Non-fatal hospitalization from self-inflicted wounds remains steady. Youth aged 15 – 19 predominate emergency room hospitalizations, while seniors and middle aged people constitute the vast majority of suicide deaths.

Trent's discussion of suicide methodology showed that firearms and suffocation account for two thirds of all suicide deaths, while wounds from cutting and poisoning account for the vast majority of non-fatal hospitalizations.

The discussion of the correlation between suicide and race showed that non-Hispanic Whites still account for the highest death rates in California, followed by "other/ unknown," blacks and Hispanics. Trent acknowledged that the category "other" is misleading due to the wide variety of racial backgrounds included.

Discussion

- The committee generally agreed that more accurate data from the local level is needed to build adequate plans at the county level. In particular, it was noted that statewide statistics are skewed in favor of Southern California data due to higher population while rural areas such as Humboldt County are generally overshadowed.

- General consensus was reached that different areas of the state produce disparate information on correlations between suicide and race, sexuality, age and methodology. For example, while statewide data shows that poisoning suicides are statistically insignificant, it is believed to be fairly common in Humboldt County. Trent offered clarifying remarks that poisoning also includes overdoses of drugs and alcohol.
- Some participants raised the issue of misclassification of race on death certificates in cases of suicide. Trent agreed and mentioned that it is particularly problematic with Native American populations.
- One committee member commented that studies in San Francisco show bi-modal suicide data. Specifically, data shows that within the Asian community, there exists an "intra-racial" split along national and religious lines (i.e. while many Asian groups experience low rates of suicide, certain religious and cultural groups seem to have much higher rates).
- Other members expressed concern over the apparent misclassification of the cause of death in some suicides. Trent confirmed that while some jurisdictions do require a suicide note to consider the death self-inflicted, coroners are for the most part highly accurate. The one caveat to this point appears to apply to automobile suicides, as they are much more difficult to prove according to Trent. In most cases of automobile deaths, coroners can't label them as suicide without a note.
- Members articulated the need for more accurate data on a number of sources including suicides in licensed care facilities, the Department of Defense, the time of year chosen to commit suicide, sexual orientation and the correlation between the age at which a child is diagnosed with serious mood disorders and suicide.
- Concern was raised that access to medical information regarding suicides is often problematic. While coroner's records are public documents, the corresponding mental health records are permanently sealed for privacy reasons.

Item VI: Presentation on the Suicide Prevention Advocacy Network (SPAN) Plan

Mark Chafee, President of SPAN-California, outlined the history of his organization, his own efforts in suicide prevention and provided background information on the development of the California Strategy for Suicide Prevention.

SPAN-CA was formed in Reno, NV during the first national SPAN conference. Since that time, the organization has been heavily involved in nearly every piece of suicide prevention legislation in California including SB 405, (Ortiz, 2000) SB 803, (Ortiz, 2002) and SB1356 (Lowenthal, 2006). In May of 2007, SPAN-CA convened to build the California Strategy for Suicide Prevention, (CSSP) using the National Strategy for Suicide Prevention as a template.

<u>Discussion</u>

- Another member commented that many people commit suicide without ever entering the mental health system and therefore, the issue is a societal problem and not the sole responsibility of the mental health system.
- Other members commented that county mental health systems are overwhelmed.

Item VII: Overview of initial suicide prevention planning activities

Bev Whitcomb of the Prevention and Early Intervention Branch at the California Department of Mental Health discussed the methods used to develop the draft plan outline including the established goals of the National Suicide Strategic Plan, the California Prevention and Early Intervention (PEI) stakeholder process and committee applicant ideas for suicide prevention. Sharleen Dolan reviewed the draft outline for the plan and discussed how she developed the outline.

Discussion

- One member asked if all committee applicants' ideas were included in the summary. Staff affirmed that all ideas were summarized, including those from applicants not selected for the committee.

Item VIII: Roundtable discussions

Committee members took a short break to review the materials presented by Whitcomb. Members divided into five small groups to discuss the draft outline and provide initial recommendations on the plan framework. Upon completion of this task, the group reconvened to share highlights of their discussions. In addition to reviewing the plan outline, many members also discussed their initial ideas for specific strategies that could be included in the plan.

Discussion and Initial Ideas Put Forward

- The opening of the Plan should provide a clear definition of suicide and thoroughly describe the scope of the problem.
- The opening of the Plan should talk about the economic costs of suicide in the workplace and the physical impact on the public and families (i.e. "public health crisis") in all populations.
- A preamble to the Plan should state that it be used as a template for public groups and individuals to make their own suicide prevention plans.
- Provide a broad definition of "communities" to include districts, tribes and reservations.
- The Plan should include a "social marketing" campaign to inform the public about suicide prevention. Members also stressed that such a campaign should include an individual education component to recognize the warning signs of suicide in themselves.
- It was widely held that the final Plan needs to address post-attempt counseling for those who attempt suicide.
- A strategy should be developed to create an ethnic media outreach program.
- Provide a strategy to close the gap between risk factors and predictive behavior.
- Create "outcome measures" to clearly gauge the effectiveness of the overall Plan.
- Establish an independent body to oversee the implementation of the Plan and ensure that it remains a "living" document.
- "Wellness activities" should be described in the Plan to address the issue of an aging population with exercise and nutrition in relation to suicide prevention.
- Create a wide range of public outreach strategies for youth that includes hotlines, "warm lines," Myspace sites and other peer strategies.

- Suggest keeping staff in place in clinics/ health departments that can immediately direct at risk patients to the correct services.
- Integrate "stigma reduction" into cultural, spiritual and religious beliefs about death/dying/suicide/illness.
- Train spiritual leaders about how to link people with services.
- Provide professional suicide prevention training in licensing, credentialing and continuing education programs.
- Emphasize suicide prevention training to law enforcement and other groups in the SB1356 (Lowenthal, 2006) veto message.
- Expand knowledge of data collection techniques specific to certain communities.
- Include strategies for limiting access to lethal means.
- Provide "gatekeeper" training.
- Include a strategy for addressing suicide in the media in a way that avoids glamorizing or stigmatizing the issue
- Expand research to include best evidence practices.
- Encourage counties to engage in "cross-training" and information sharing for suicide prevention efforts.
- Tie public health strategies to other services such as alcohol/drug programs.

Item IX: Public comment

Tom Trabin, PhD**,** appeared on behalf of the Inspire Foundation to promote the use of web-based services for at-risk youth.

Item X: Meeting summary

Facilitators Marois and Sherry summarized the day's events and congratulated the committee on a successful meeting. The group then took time to review committee assignments for the next meeting.

Before the July 12 committee meeting, members are expected to respond to a "resource" survey to identify what contributions they can make to the plan, inform DMH staff of any additional information needed to do its work, fully consider suicide prevention ideas, and develop outreach ideas for the upcoming suicide prevention public workshops.

Adjournment: 5:00 p.m.

ATTENDEES

Committee members

Last	First	Affiliation
Aguirre	Alfredo	California Mental Health Director's Association
Arean, Ph.D.	Patrica	University of California, San Francisco
Arroyo, M.D.	Bill	Los Angeles County Department of Mental Health
Bateson	John	Contra Costa Crisis Center, Contra Costa County

Bell, Ph.D.	Susan	University of California, Berkeley
Bloom	Sam	SPAN-California, Los Angeles
Boomer	Lisle	Protection and Advocacy, Inc., Berkeley
Bragg	Martin	CA Polytechnic State University, San Luis Obispo
Brody	Delphine	California Network of Mental Health Clients, Oakland
Buck	John	Turning Point Community Programs, Sacramento
Cawthorn, M.F.T., M.A.C.	Rick	Hoopa Valley Tribal Council, Hoopa
Chaffee	Mark	SPAN-California, San Diego
Clayton, M.A.	Diana	NAMI of Shasta County, Redding
Cory	Carole	California Department of Aging
Craig	Rebecca	Dept. of Corrections & Rehabilitation
Curren	Joe	Redwood Coast Senior, Inc., Fort Bragg
Curry, Ph.D.	Kita	CCCMHA & Didi Hirsch Community Mental Health Center, Los Angeles
Fetrow, Ph.D.	Steven	California National Guard, Headquarters
Garcia	Leticia	Senator Alan Lowenthal, 27th Senate District, Long Beach
Garcia	Luis	California Mental Health Planning Council
Gaw, M.D., D.L.F.A.P.A	Albert	SF DPH CMHS (Community Mental Health Services), San Francisco
Gorewitz, Ph.D.	Janet	Martinez Detention Facility, Albany
Gouveia, M.P.A.	Leann	Fresno Survivors of Suicide Loss
Lawson III	Morris	Student, Intern therapist
Lee	Tom	Department of Social Services
Locario	Seprieono	Native American Health Center, Oakland
Mays, Ph.D., M.S.P.H.	Vickie	University of California, Los Angeles
Morales	Ed	Dept. of Corrections & Rehabilitation – Division of Juvenile Justice
Pena	Maria	Mira Costa College Disabled Student Programs and Services, Oceanside
Ranahan	Dede	National Alliance of Mental Illness, California
Robbins, C.F.R.E.	Charles	The Trevor Project, Administrative Offices, West Hollywood
Russell	Mindy	Law Enforcement Chaplaincy Sacramento
Selix	Rusty	California Council of Community Mental Health Agencies
Sheldon	Betsy	California Department of Education
Steele	Clyde	California Department of Alcohol and Drug Programs
Trent, Ph.D.	Roger	CA Department of Health Services, Epidemiology & Prevention for Injury Control
Willson	Billee	Sacramento County Department of Health and Human Services
Yee, Ph.D.	Tina Tong	SF Community Behavioral Services, San Francisco

Project Staff

Department of Mental Health: Emily Nahat, Bev Whitcomb, Barbara Marquez, Nichole Davis, Sonia Mays
CSUS Center for Collaborative Policy: Deb Marois, Susan Sherry, Sam Magill
Consultant/Writer: Sharleen Dolan

DOCUMENTS AVAILABLE

- Welcome letter from Dr. Stephen Mayburg, Director, DMH
- SPPAC meeting schedule
- Staff contact list
- Committee member roster
- SPACC Agenda 6-14-07

- Goals for June 14 meeting
- Ground Rules
- SPPAC Background Materials
- SPPAC Charge and Work Plan
- Presentation from Dr. Roger Trent, Branch Chief, DMH
- Suicide and Self-Harm Injuries in California fact sheet
- Presentation from Mark Chaffee, President, SPAN-CA
- National Strategy for Suicide Prevention goals
- Summary of other state suicide prevention plans
- SPPAC Applicant Ideas for Suicide Prevention DRAFT Summary 6-11-07
- Mental Health Service Act PEI Stakeholder Comments on Suicide Prevention, April 2007- FINAL
- Veto message from SB 1356 (Lowenthal)
- Text of SB 1356 (Lowenthal)
- California Strategy for Suicide Prevention
- Draft California Strategic Plan on Suicide Prevention outline
- SPPAC Roundtable Discussion Guidelines
- Homework to do before the July 12 meeting